

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	INQ.	OCP.	INQ.	OCP.	INQ.	OCP.
1	1		1			
2		1		1		
3				1		
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21	1		1			
22		1		1		
23			1			
24			1			
25				1		
26					1	
27						1
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39			1			
40	1		1			
41		1	1			
42		1	1			
43		22		1		
44	1		1			
46		1		1		
46				1		
48					1	
49						1
60						
TOTAL INQ.						
TOTAL OCP.						
TOTAL						

	INQ.	OCP.	INQ.	OCP.	INQ.	OCP.
61						
62						
63						
64	1					
66						
66						
67						
68						
69						
70						
71						
72						
73						
74						
76						
76						
77						
78						
79						
80						
81						
82						
83						
84	1					
85	1					
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
97						
98						
99						
100	1		1			
TOTAL INQ.						
TOTAL OCP.						
TOTAL						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	INQ.	OEP.	INQ.	OEP.	INQ.	OEP.
101		18		1		
102	1		1			
103						
104						
106						
106						
107						
108						
109						
110						
111						
112						
113						
114						
116						
116	1					
117	1					
118	1					
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129	1		1			
130	1		1			
131		16		1		
132		16		1		
133	1		1			
134						
136						
136						
137						
138						
139						
140						
141						
142						
143						
144						
146						
147						
148						
149	1		1			
150	1		1			
TOTAL INQ.						
TOTAL OEP.						
TOTAL						

	INQ.	OEP.	INQ.	OEP.	INQ.	OEP.
161						
162						
163						
164						
166						
166						
167						
168						
169						
160						
161						
162						
163	1					
164		16				
166		17				
166	1					
167						
168						
169						
170						
171			1			
172			1			
173			1			
174			1			
176			1			
176			1			
177	1					
178	1					
179	1					
180		1				
181		1				
182		1				
183		1				
184		1				
185		1				
186		1				
187	1					
188	1					
189		13				
190		13				
191	1		1			
192		1				
193		1				
194		1				
195		1				
196		1				
197		1				
198		1				
199		1				
200		1				
TOTAL INQ.						
TOTAL OEP.						
TOTAL						

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	IN. NO.	O.E.P.	IN. NO.	O.E.P.	IN. NO.	O.E.P.
201	1					
202	1					
203	1					
204						
205						
206						
207						
208						
209						
210	1					
211	1					
212		12				
213		12				
214	1		1			
215						
216						
217						
218						
219						
220						
221						
222						
223	1					
224	1					
225	1					
226	1					
227		1				
228						
229						
230						
231						
232	1					
233	1					
234	1					
235		12				
236		12				
237	1					
238	1					
239	1					
240	1					
241	1					
242	1					
243	1					
244	1					
245	1					
246	1					
247						
248	1					
249						
250						
TOTAL IN. NO.	58		58			
TOTAL O.E.P.	398	→	190	→		
TOTAL IN. NO.	4510		248			

	IN. NO.	O.E.P.	IN. NO.	O.E.P.	IN. NO.	O.E.P.
261						
262						
263						
264						
265						
266						
267						
268						
269						
270						
271						
272						
273						
274						
275						
276						
277						
278						
279						
280						
281						
282						
283						
284						
285						
286						
287						
288						
289						
290						
291						
292						
293						
294						
295						
296						
297						
298						
299						
300						
TOTAL IN. NO.	~		~			
TOTAL O.E.P.	~		~			
TOTAL	~		~			